

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 4/13/2021

----- X  
UNITED STATES OF AMERICA :  
 :  
-against- :  
 :  
FALIKOU KONE :  
 :  
Defendant. :  
----- X

19-CR-808 (VEC)

ORDER

VALERIE CAPRONI, United States District Judge:

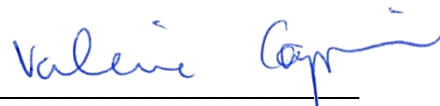
WHEREAS on April 8, 2021, a Second Superseding Indictment was filed (Dkt. 192);

IT IS HEREBY ORDERED THAT:

1. An arraignment will be held on **April 27, 2021 at 10:30 a.m.** The parties must appear for the arraignment by dialing (888) 363-4749, using the access code 3121171 and the security code 0808. Any recording or retransmission of the hearing is strictly prohibited.
2. No later than **April 25, 2021**, defense counsel must file either an executed waiver (attached to this Order) or a letter requesting that the conference be rescheduled as an in-person conference on a date convenient to all parties.

**SO ORDERED.**

**Date: April 13, 2021**  
**New York, New York**

  
\_\_\_\_\_  
**VALERIE CAPRONI**  
**United States District Judge**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X

UNITED STATES OF AMERICA

-v-

,  
Defendant.

-----X

**WAIVER OF RIGHT TO BE  
PRESENT AT CRIMINAL  
PROCEEDING**

-CR- ( ) ( )

**Check Proceeding that Applies**

\_\_\_\_\_ Arraignment

I have been given a copy of the indictment containing the charges against me and have reviewed it with my attorney. I understand that I have a right to appear before a judge in a courtroom in the Southern District of New York to confirm that I have received and reviewed the indictment; to have the indictment read aloud to me if I wish; and to enter a plea of either guilty or not guilty before the judge. After consultation with my attorney, I wish to plead not guilty. By signing this document, I wish to advise the court of the following. I willingly give up my right to appear in a courtroom in the Southern District of New York to advise the court that:

- 1) I have received and reviewed a copy of the indictment.
- 2) I do not need the judge to read the indictment aloud to me.
- 3) I plead not guilty to the charges against me in the indictment.

Date:

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Print Name

\_\_\_\_\_ Entry of Plea of Guilty

I am aware that I have been charged with violations of federal law. I have consulted with my attorney about those charges. I have decided that I wish to enter a plea of guilty to certain charges. I understand I have a right to appear before a judge in a courtroom in the Southern District of New York to enter my plea of guilty and to have my attorney beside me as I do. I am also aware that the public health emergency created by the COVID-19 pandemic has interfered with travel and restricted access to the federal courthouse. I have discussed these issues with my attorney. By signing this document, I wish to advise the court that I willingly give up my right to appear in person before the judge to enter a

plea of guilty. By signing this document, I also wish to advise the court that I willingly give up any right I might have to have my attorney next to me as I enter my plea so long as the following conditions are met. I want my attorney to be able to participate in the proceeding and to be able to speak on my behalf during the proceeding. I also want the ability to speak privately with my attorney at any time during the proceeding if I wish to do so.

Date:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Defendant

I hereby affirm that I am aware of my obligation to discuss with my client the charges contained in the indictment, my client's rights to attend and participate in the criminal proceedings encompassed by this waiver, and this waiver form. I affirm that my client knowingly and voluntarily consents to the proceedings being held in my client's absence. I will inform my client of what transpires at the proceedings and provide my client with a copy of the transcript of the proceedings, if requested.

Date:

\_\_\_\_\_  
Signature of Defense Counsel

\_\_\_\_\_  
Print Name

**Addendum for a defendant who requires services of an interpreter:**

I used the services of an interpreter to discuss these issues with the defendant. The interpreter also translated this document, in its entirety, to the defendant before the defendant signed it. The interpreter's name is: \_\_\_\_\_.

Date:

\_\_\_\_\_  
Signature of Defense Counsel

**Accepted:**

\_\_\_\_\_  
Signature of Judge

Date: